



Recipient Scholarship Renewal Form

Renewal will not be considered unless all forms are answered fully and signed. Please attach additional pages if needed.

Child's Name: _____ **Age:** _____ **Date:** _____

Please describe your passion and how PAS has helped you pursue it. What has this meant to you?

How has your instructor or mentor impacted your life?

Is there anything else you'd like to share that will help us make a determination to renew your scholarship?



Parent/Guardian Scholarship Renewal Form

Renewal will not be considered unless all forms are answered fully and signed. Please attach additional pages if needed.

Child's Name: _____ **Age:** _____ **Date:** _____

How has PAS helped your child pursue his/her passion? Please describe what it has meant to him/her.

Please explain your current situation and financial need?

How has your child's instructor impacted his/her life?

Is there anything else you'd like to share that will help us make a determination to renew your child's scholarship?



Partner Scholarship Renewal Form

Child's Name: _____ Age: _____ Date: _____

Please describe the activity that the child has been involved this past year.

Has the child attended this activity consistently, arriving on time and prepared to participate? Has behavior been respectful and appropriate?

Do you believe this scholarship is making a difference in the child's life? Have you noticed changes over time?

Is there anything else you'd like to share that will help us make a determination in renewing this child's scholarship?

Do you have any suggestions for PAS that would help us in our efforts to provide opportunities for children from low-income households?

Thank you for your efforts in helping this child to explore his/her interests and for presenting a positive role model in his/her life. We could not do this without YOU!



Renewal Application Personal Information

Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ Male Female School: _____

Parent/Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Who do you live with? Both parents One parent _____ Other _____

Number of children in household _____ Can you provide transportation? _____

Annual Family Income \$ _____ *Attach financial statements

Does your child receive a reduced/free lunch? Yes No Has your child received a PAS scholarship? Yes No

Are there health, educational or financial needs you would like us to consider?

Who referred you to Plant a Seed? _____

Is there a caseworker involved with your child?

Name: _____ Agency: _____

Phone: _____ Email: _____

Please ask your caseworker to provide any information that will aid us in helping your child.



Waiver

RELEASE AND WAIVER OF CLAIMS

For and in consideration of funding received from Plant a Seed Foundation, Inc., I the undersigned, as parent and/or natural guardian of the below named minor child, do hereby agree as follows:

1. Whereas the undersigned desires to participate in and accept funding from Plant a Seed Foundation, Inc., as a charitable endeavor sponsored by Plant a Seed Foundation, Inc., I understand and agree that Plant a Seed Foundation, Inc. and all of its affiliates including, but not limited to sponsors, vendors, volunteers and staff (hereinafter collectively referred to as "Plant a Seed Foundation") shall not be responsible or legally liable for any losses of personal property, or any bodily injury or the result thereof, incurred and suffered by us as the result of any property, equipment and/or service arranged for and funded by the Plant a Seed Foundation. As a further condition of our participation, we further agree to forever remise, release, discharge and hold harmless Plant a Seed Foundation for any and all claims at law or equity that I or my heirs, successors and/or assigns shall now have, ever had or will have stemming from any activity and/or equipment paid for by Plant a Seed Foundation until the end of time. Additionally, we agree to indemnify and hold harmless Plant a Seed Foundation (including but not limited to sponsors, vendors, volunteers and staff) for any damage, loss of personal property and/ or bodily injury resulting from any acts, during any activity and/or equipment paid for by Plant a Seed Foundation.
2. By signing below, the undersigned acknowledges and fully understands that he/she will be engaging in activities that may involve risk of injury, perhaps serious in nature and including permanent disability and death which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, from the conditions of the premises and/or any of the equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time;
3. I/We assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. I have read this release carefully before signing. I have signed this document voluntarily and with full knowledge and understanding of the contents of the Release.
5. I further give my consent for Plant a Seed Foundation to use any photographs of me during any activity.

Child's Name: _____

Signature of Parent/Guardian _____ Date: _____

Print Parent/Guardian Name: _____



Criteria

Please make sure all criteria are met before submitting a renewal.

1. Strong passion in a specific area of interest
2. Child must be between the ages of 10 and 18
3. Financial need
4. Limited involvement in activities outside of school
5. Must be able to provide transportation
6. Must demonstrate commitment (i.e. return phone calls in a timely fashion, furnish necessary documentation, consistent attendance in regard to the activity)
7. Completed application, signed waiver and criteria checklist
8. Child must complete the section of the application regarding his/her passion, in their own words
9. Summer camps are not considered for PAS scholarships

I have read and believe that I/my child meet(s) the criteria for consideration of a PAS scholarship.

Child's Name: _____

Signature of Parent/Guardian _____ Date: _____

Please Print Parent/Guardian Name: _____



Certification

I certify that all preceding information is true AND that I will never use this activity as a form of reward or punishment. I have transportation and will make a commitment that my child will attend this activity on a consistent basis.

Signature of Parent/Guardian _____ Date: _____

Please Print Parent/Guardian Name: _____

Please send forms listed below to the Plant a Seed Foundation:

- Recipient Scholarship Form (page 1)
- Parent/Guardian Scholarship Renewal Form (page 2)
- Partner Scholarship Renewal Form (page 3)
- Renewal Application (page 4)
- Waiver (page 5)
- Criteria (page 6)
- Certification (page 7)
- Financial Statements

Forms may be sent via mail, email or fax to:

**Plant a Seed Foundation
301 Oxford Valley Road
Suite 1506
Yardley, PA 19067**

Should you have any questions, please contact:

Email: Justine@plantaseedfoundation.org

Other Contact Information:

Office Phone: 267-503-2998

Office Fax: 215-321-6370

Website: www.plantaseedfoundation.org